

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-06-21

TO: All Staff

FROM: Roque Gerald, Deputy Director for Clinical Practice

DATE: November 1, 2006

RE: Protocol for Referring Clients for Domestic Violence Services

Domestic violence (DV), emerged from the *2003 Needs Assessment* as one of the primary challenges facing clients served by the Child and Family Services Agency (CFSA). Subsequently, the *2005 Needs Assessment* included a special study on Domestic Violence, focusing on the challenges and needs of children and families struggling with domestic violence and involved with CFSA. Child abuse and domestic violence often occur in the same family; studies reveal that somewhere between 25 and 50% of abusers in domestic relationships eventually commit physical, emotional or sexual violence against children in the same residence.

In light of these national studies and the findings of the *2003 and 2005 Needs Assessments*, it is especially important that CFSA social workers are appropriately prepared to handle all cases where DV is identified or suspected. The purpose of this administrative issuance is to provide guidance to staff during the initial investigation, ongoing assessments, and service planning.

As a guiding principle, CFSA will strive to increase the safety of the adult victim as a priority strategy for securing the safety and well being of the children. The Agency will also strive to help the victims to protect themselves and their children using non-coercive, supportive and empowering interventions whenever possible. The Agency is committed to working closely with battered women's programs, the criminal justice system, and batterers' treatment providers. In hopes of preventing further acts of domestic violence, CFSA will provide information and access to separate programs for victims and abusers.

If you have any questions regarding this issuance, please contact the Multidisciplinary Unit Supervisor and/or the Clinical Support Services Administrator.

Procedures for the Referral Process

1. All cases involving domestic violence shall be referred to the Domestic Violence Specialist (DVS) in the Office of Clinical Practice. The DVS' office is located in Room 4009, 400 6th Street, SW. Telephone: 202-727-3526.
2. The Domestic Violence Intervention Referral Form (DVIRF) shall be completed by the social worker (see *Attachment B*). This form can also be obtained from the Intranet under *Information/Forms* or from the DVS directly.

3. The social worker shall print out a hard copy of the DVIRF and deliver the completed form to the DVS. It is also acceptable to email a completed copy of the form to the DVS, placing the hard copy form in the client record.
4. If any child and/or adult victim is in immediate or imminent danger, the social worker shall contact the DVS promptly to initiate a safety plan whereby the child and/or adult victim is protected.
5. Once the referral is received, the DVS shall assess the information from the social worker before providing guidance for the most appropriate intervention.
6. The DVS shall contact the social worker within 24 hours of receipt of the DVIRF in order to obtain any additional information and to consult with the social worker on the case.
7. The DVS shall initiate contact with the client by telephone within 24 to 48 hours of receipt of the DVIRF. The DVS shall schedule an appointment in a location that is convenient, safe and appropriate for both the client and the DVS.
8. Within 24 hours of the scheduled appointment, the DVS shall conduct a risk/needs assessment, establish a proposed safety plan with the client if appropriate, and provide referrals for the family.
9. As part of the initial appointment, the DVS shall schedule an additional appointment between the client and a community-based domestic violence program in order to provide for the client's counseling, case management, safe housing and/or legal services.
10. Once the appointment for services has been made with the referral agency, the DVS shall provide the client with all necessary and appropriate information such that the client can comfortably access those services. In addition, the DVS shall meet with the social worker to discuss the results of the assessment and the referrals.
11. The DVS shall document the assessment information and referral information in FACES.
12. The DVS shall periodically follow-up with vendors/agencies identified as resources and obtain feedback regarding the referral process.
13. After the client is linked to a vendor/agency, the social worker shall follow up with the client, monitor the referral, and inform the DVS of any problems or concerns.
14. In the event that updates are needed to the safety plan, the social worker shall contact the DVS to reassess the client.
15. All in-coming calls after business hours shall be screened by CFSA Hotline staff at (202) 671-7233.

ATTACHMENT A DEFINITION

Domestic Violence—an act of violence including but not limited to physical, psychological, sexual, emotional abuse, and stalking committed by an offender upon a person who:

1. is related to the offender by domestic partnership; or
2. was or is married to, a domestic partner, divorced or separated from, or in a romantic relationship, not necessarily including a sexual relationship, with a person who was or is married to a domestic partner, divorced or separated from, or in a romantic relationship, not necessarily including a sexual relationship, with the offender.

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Office of Clinical Practice



DOMESTIC VIOLENCE INTERVENTION
REFERRAL FORM

Date of Referral: _____

Referring Social Worker: _____ Supervisor: _____

Contact Number(s): _____ (w) _____ (c)

Program Area ☐ CPS ☐ In-Home ☐ Adoptions

Is this referral the results of an FTM? ☐ Yes ☐ No If yes, Date _____ Facilitator: _____

Client Name: _____ Age _____
Last First Middle

Current Address: _____
No. & Street City

Telephone #: _____ (h) _____ (w) _____ (c)

Relationship to abuser: _____

Does the abuser reside with the client? (select one) ☐ Yes ☐ No

Type of services needed (i.e. assessment, counseling; if court ordered, please provide judge's name):

Is the abuser a part of the service plan? ☐ Yes ☐ No

If Yes, please provide the following information about the abuser:

Name: _____
Last First Middle

Telephone #: _____ (h) _____ (w) _____ (c)

Additional Comments: _____

Date received by Domestic Violence Specialist: _____

Interventions planned: _____

Thirty (30) days review with social worker scheduled for: _____

Signature of DV Specialist _____

Date _____

Return Form to: Domestic Violence Specialist, Sylvia Pauling-Williams Cubicle #4009 202-727-3526

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